

2614

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

RECEIVED

JUL 09 2004

Technology Center 2600

on 6-30-04

[Signature]
Jeffrey R. Kuester

In Re Application of:

Jerding, et al.

Group Art Unit: 2614

Serial No.: 09/480,011

Examiner: Sheleheda, James R.

Filed: January 10, 2000

Docket No.: A-5243 (191930-1120)

For: SYSTEMS AND METHODS FOR MULTIMEDIA MESSAGING IN A CABLE OR SATELLITE SUBSCRIBER SYSTEM

The following is a list of documents enclosed:

Return Postcard;
Amendment Transmittal;
Response to Non-Final Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)Applicant(s): **Jerding, et al.**

Docket No.

A-5243 (191930-1120)Serial No.
09/480,011Filing Date
January 10, 2000Examiner
Sheleheda, JamesConfirmation No.
3800Group Art Unit
2614Invention: **SYSTEMS AND METHODS FOR MULTIMEDIA MESSAGING IN A CABLE OR SATELLITE SUBSCRIBER SYSTEM****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450****RECEIVED****JUL 0 9 2004****Technology Center 2600**

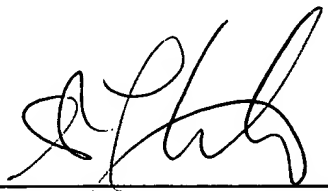
Transmitted herewith is Response and Amendment to Non-Final Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27 -	27 =	0	X \$18.00	\$0
INDEP. CLAIMS	4 -	4 =	0	X \$86.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$290.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 110.00	2 ND MONTH <input type="checkbox"/> 420.00	3 RD MONTH <input type="checkbox"/> 950.00	4 TH MONTH <input type="checkbox"/> 1,480.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



Jeffrey R. Kuester, Reg. No. 34,367

Date